



Lead-Based Paint Programs

WAC 365-230-100 Notification of lead-based paint training activity. The training manager shall provide notification following completion of lead-based paint activities, renovator, and dust sampling technician courses.

1. Training Program Information:

Name: _____ Accreditation Number: _____

Address: _____

Phone: _____ E-mail: _____

2. Course Information:

Discipline: ☐ Worker ☐ Risk Assessor ☐ Renovator
☐ Supervisor ☐ Project Designer ☐ Dust Sampling
☐ Inspector Technician

Type: ☐ Initial ☐ Refresher

3. Training Date & Time. Date(s): _____ Time: _____

4. Student Information. In addition to submitting the "Post Training Notification" all Washington accredited training providers are required to provide student information.

Lead-Based Paint (LBP) Activities courses: provide each student's first name, last name, address, and course test score on a separate page.

Renovation, Repair, and Painting (RRP) courses: provide each student's First Name, Last Name, Date of Birth, Mailing Address (Street, PO Box, or Firm Name and Firm Address), City, State, Zip, Email Address, Phone Number, Certificate Number, Issue Date, and Course Test Score. Please contact us if you would like a copy of the spreadsheet template.

5. Training Manager Information (Signature Required)

Information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information.

Training Manager (print)

Training Manager (signature)

Mailing address: Commerce Lead-Based Paint Programs, PO Box 42525, Olympia, WA 98504-2525

Fax number: Commerce Lead-Based Paint Programs: 360.586.0489.

Email: lbpinfo@commerce.wa.gov

Website: www.commerce.wa.gov/lead

Questions: 360.586.5323 (LEAD)